

Employee Authorization for Payroll Deduction to Health Savings Account

This form is for employees who want to have money withheld from their paychecks by their employer and deposited into their health savings account (HSA) on a pre-tax basis. Not all employers can arrange for payroll deductions, so check with your payroll department before submitting this form. **You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction.** (Go to www.healthequity.net/pebb for eligibility and other information.)

I wish to: <input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction Effective date _____ <i>Your payroll office can confirm the effective date.</i>	
Section 1: Employee Information	
Name (Last, First, Middle initial)	Social Security number or Employee ID
Mailing address	Work phone number
City/State/ZIP Code	Agency name

Section 2: Calculate Your Maximum HSA Contribution			
<i>Use the worksheet below to determine how much you can contribute to your HSA in 2014.</i>			
Individual HSA		Family HSA	
A	Maximum amount that can be put in your HSA for 2014: \$3,300.00	A	Maximum amount that can be put in your HSA for 2014: \$6,550.00
B	Are you age 55 or older? If NO , write \$0. If YES , write \$1,000. \$ _____	B	Are you age 55 or older? If NO , write \$0. If YES , write \$1,000 \$ _____
C	How much your employer will contribute in 2014: \$700.08	C	How much your employer will contribute in 2014: \$1,400.04
D	A + B - C = \$ _____ This is the most you can contribute in 2014.	D	A + B - C = \$ _____ This is the most you can contribute in 2014.
If you exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2014.			

(continued)

Section 3: Calculate Your Per-Paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

Individual HSA <i>(continued)</i>		Family HSA <i>(continued)</i>	
Total from D (page 1): \$ _____		Total from D (page 1): \$ _____	
E	Number of paychecks you will receive in 2014: _____	E	Number of paychecks you will receive in 2014: _____
F	$D \div E =$ \$ _____ This is the most you can contribute per paycheck	F	$D \div E =$ \$ _____ This is the most you can contribute per paycheck
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F): \$ _____		Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F): \$ _____	

Section 4: Employee's Signature *Required*

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my HSA.

Employee's signature	Date
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Benefits Office Use

Employee's annual contribution \$ _____	Number of paychecks remaining for 2014 _____	Employee's contribution per paycheck (Amount in Section 3 must match) \$ _____
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Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.